



DSD DANCE CENTER

**705 Bedford Avenue
Bellmore, NY 11710
DSDDanceCenter@aol.com
(516) 783-6734**

Summer Registration

Student: _____

Address: _____

Town: _____ **Zip:** _____

Home Phone: _____ **DOB:** _____

Parent Names: _____ **Parent Cell Phone #'s:** _____

Parent Email: _____

Class # 1	Class #2	Class #3
Class #4	Class #5	Class #6
Class #7	Class #8	Class #9

If you are a new student, how did you hear about us?

Previous Dance Training (Y/N): _____ **Where:** _____

PLEASE LIST ANY & ALL MEDICAL CONDITIONS CONCERNING YOUR CHILD(REN)

I have read, understood, and am in agreement with all the information contained in the online brochure and give my child(ren), who is (are) in good health, permission to participate in DSD Dance Center's Summer Program. I also agree to the tuition payment terms listed in the online brochure and am responsible for full payment of the summer program upon registration. NO REFUNDS. I hold DSD Dance Center, Inc. and its staff harmless for any and all injuries that may arise from participation in classes or other activities related DSD Dance Center, Inc. In such event, I further agree that the cost of such medical services shall be borne exclusively by me. I hereby authorize DSD Dance Center, Inc. to take any steps necessary to make medical attention available, including physicians, hospitals, or any other medical services, and the School shall have full discretion. Photographs and videos of students from the school may be used for publicity in the future.

Signature of
Parent/Guardian _____ **Date** _____

Print Name of
Parent/Guardian _____

Office use only: # Family Classes _____ Total Due _____ Total Paid _____ Date _____ CA CK# _____ CC _____
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